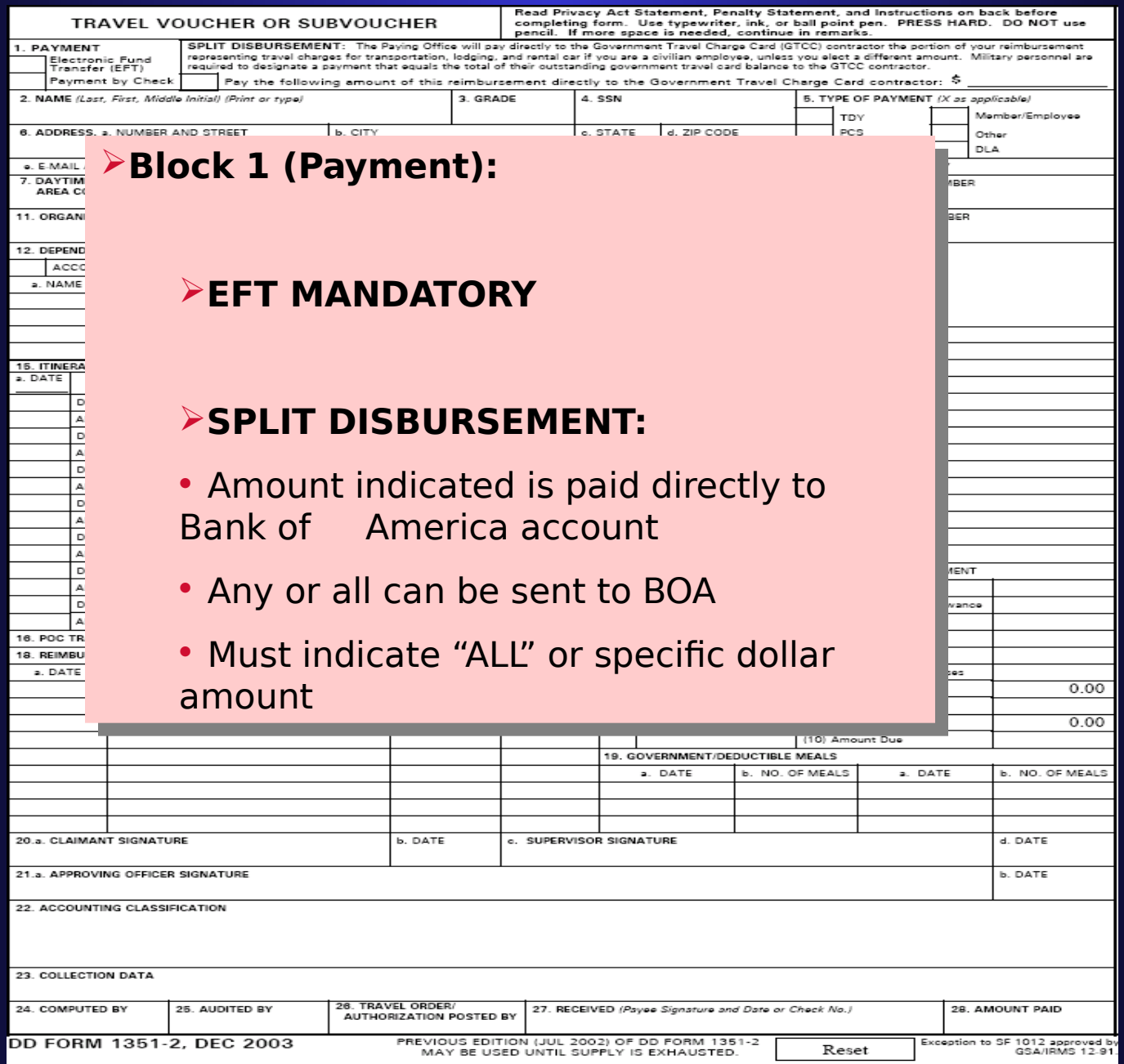
FILLING OUT YOUR DD 1351-2

TRAVEL PAY

TRAVEL VOUCHER
DD1351-2



TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

1. PAYMENT
Electronic Fund Transfer (EFT)
Payment by Check

SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor.
Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

2. NAME (Last, First, Middle Initial) (Print or type) | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT (X as applicable) TDY PCS Member/Employee Other DLA

6. ADDRESS. a. NUMBER AND STREET | b. CITY | c. STATE | d. ZIP CODE

e. E-MAIL

7. DAYTIM... AREA C...

11. ORGANI...

12. DEPEND...
ACCO...
a. NAME

15. ITINERA...
a. DATE

16. POC TR...

18. REIMBU...
a. DATE

(10) Amount Due

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE | c. SUPERVISOR SIGNATURE | d. DATE

21.a. APPROVING OFFICER SIGNATURE | b. DATE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY	25. AUDITED BY	26. TRAVEL ORDER/ AUTHORIZATION POSTED BY	27. RECEIVED (Payee Signature and Date or Check No.)	28. AMOUNT PAID

DD FORM 1351-2, DEC 2003 | PREVIOUS EDITION (JUL 2002) OF DD FORM 1351-2 MAY BE USED UNTIL SUPPLY IS EXHAUSTED. | Reset | Exception to SF 1012 approved by GSA/IRMS 12-91

- **Block 1 (Payment):**
  - **EFT MANDATORY**
  - **SPLIT DISBURSEMENT:**
    - Amount indicated is paid directly to Bank of America account
    - Any or all can be sent to BOA
    - Must indicate “ALL” or specific dollar amount

TRAVEL VOUCHER
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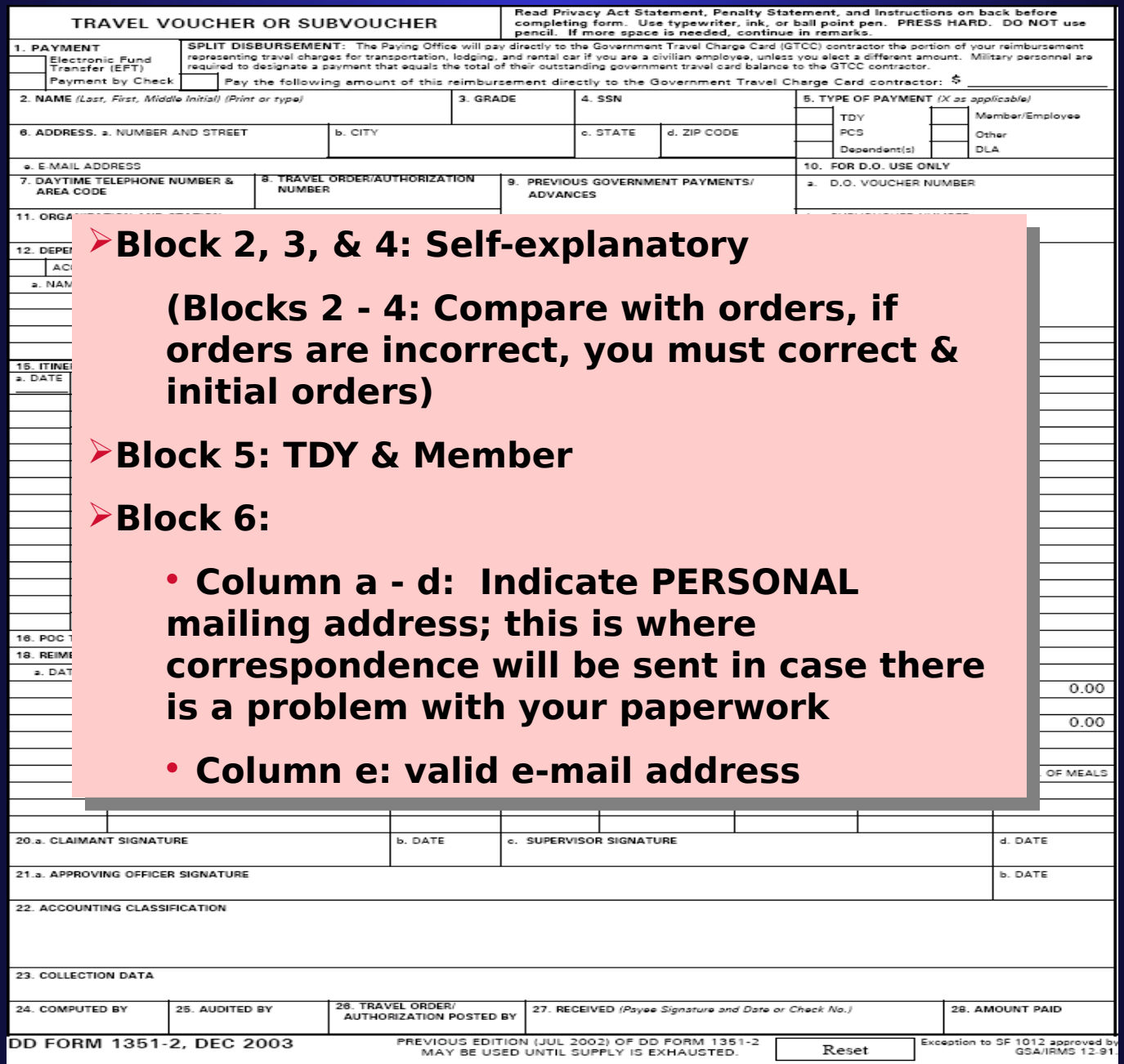

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11. ORGA

12. DEPE — AC — a. NAM

15. ITINE — a. DATE

16. POC T

18. REIMB — a. DAT

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0.00

OF MEALS

20.a. CLAIMANT SIGNATURE | b. DATE | c. SUPERVISOR SIGNATURE | d. DATE

21.a. APPROVING OFFICER SIGNATURE | b. DATE

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- **Block 2, 3, & 4: Self-explanatory**

  (Blocks 2 - 4: Compare with orders, if orders are incorrect, you must correct & initial orders)

- **Block 5: TDY & Member**

- **Block 6:**
  - **Column a - d: Indicate PERSONAL mailing address; this is where correspondence will be sent in case there is a problem with your paperwork**
  - **Column e: valid e-mail address**

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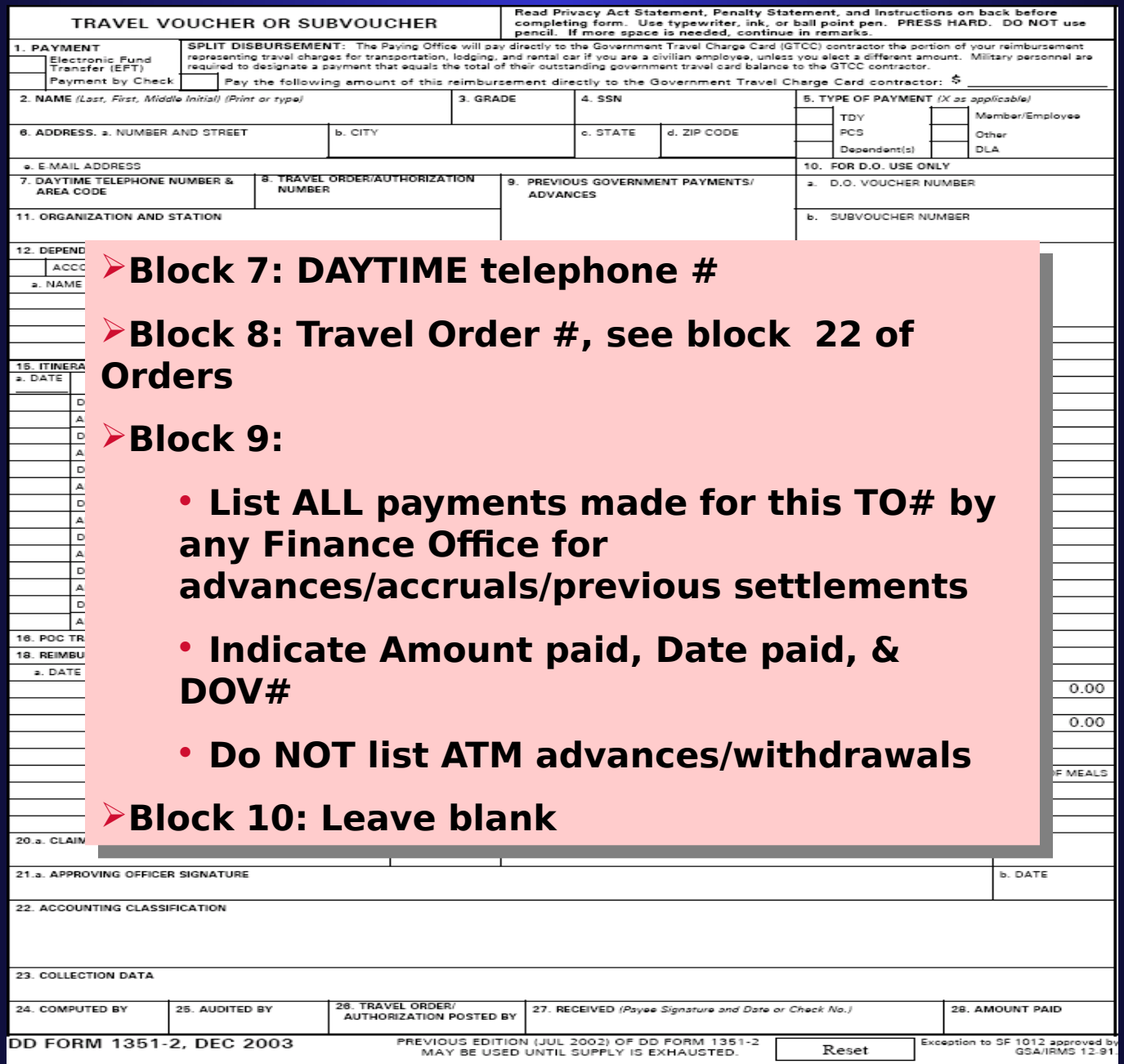

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11. ORGANIZATION AND STATION | b. SUBVOUCHER NUMBER

12. DEPEND … ACCO … a. NAME …

15. ITINERA … a. DATE … D A D A D A D A D A D A D A D A

16. POC TR …

18. REIMBU … a. DATE …

0.00

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… F MEALS

20.a. CLAIM …

21.a. APPROVING OFFICER SIGNATURE | b. DATE

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- **Block 7: DAYTIME telephone #**
- **Block 8: Travel Order #, see block 22 of Orders**
- **Block 9:**
  - **List ALL payments made for this TO# by any Finance Office for advances/accruals/previous settlements**
  - **Indicate Amount paid, Date paid, & DOV#**
  - **Do NOT list ATM advances/withdrawals**
- **Block 10: Leave blank**

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6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE

e. E-MAIL ADDRESS

7. DAYTIME TELEPHONE NUMBER & AREA CODE	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES	10. FOR D.O. USE ONLY
			a. D.O. VOUCHER NUMBER
11. ORGANIZATION AND STATION			b. SUBVOUCHER NUMBER
12. DEPENDENT(S) (X and complete as applicable) ACCOMPANIED / UNACCOMPANIED		13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)	c. PAID BY

- **Block 11 (Organization & station): Unit of Assignment (Permanent)**
- **Block 12 & 13 & 14: Leave Blank; for PCS travel only**

a. NAME

15. ITINERARY

a. DATE							
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						
	DEP						
	ARR						

e. SUMMARY OF PAYMENT

(1)	Per Diem	
(2)	Actual Expense Allowance	
(3)	Mileage	
(4)	Dependent Travel	
(5)	DLA	
(6)	Reimbursable Expenses	
(7)	Total	0.00
(8)	Less Advance	
(9)	Amount Owed	0.00
(10)	Amount Due	

16. POC TRAVEL (X one) — OWN/OPERATE — PASSENGER

17. DURATION OF TDY TRAVEL
- 12 HOURS OR LESS
- MORE THAN 12 HOURS BUT 24 HOURS OR LESS
- MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

20.a. CLAIMANT SIGNATURE	b. DATE	c. SUPERVISOR SIGNATURE	d. DATE

21.a. APPROVING OFFICER SIGNATURE	b. DATE

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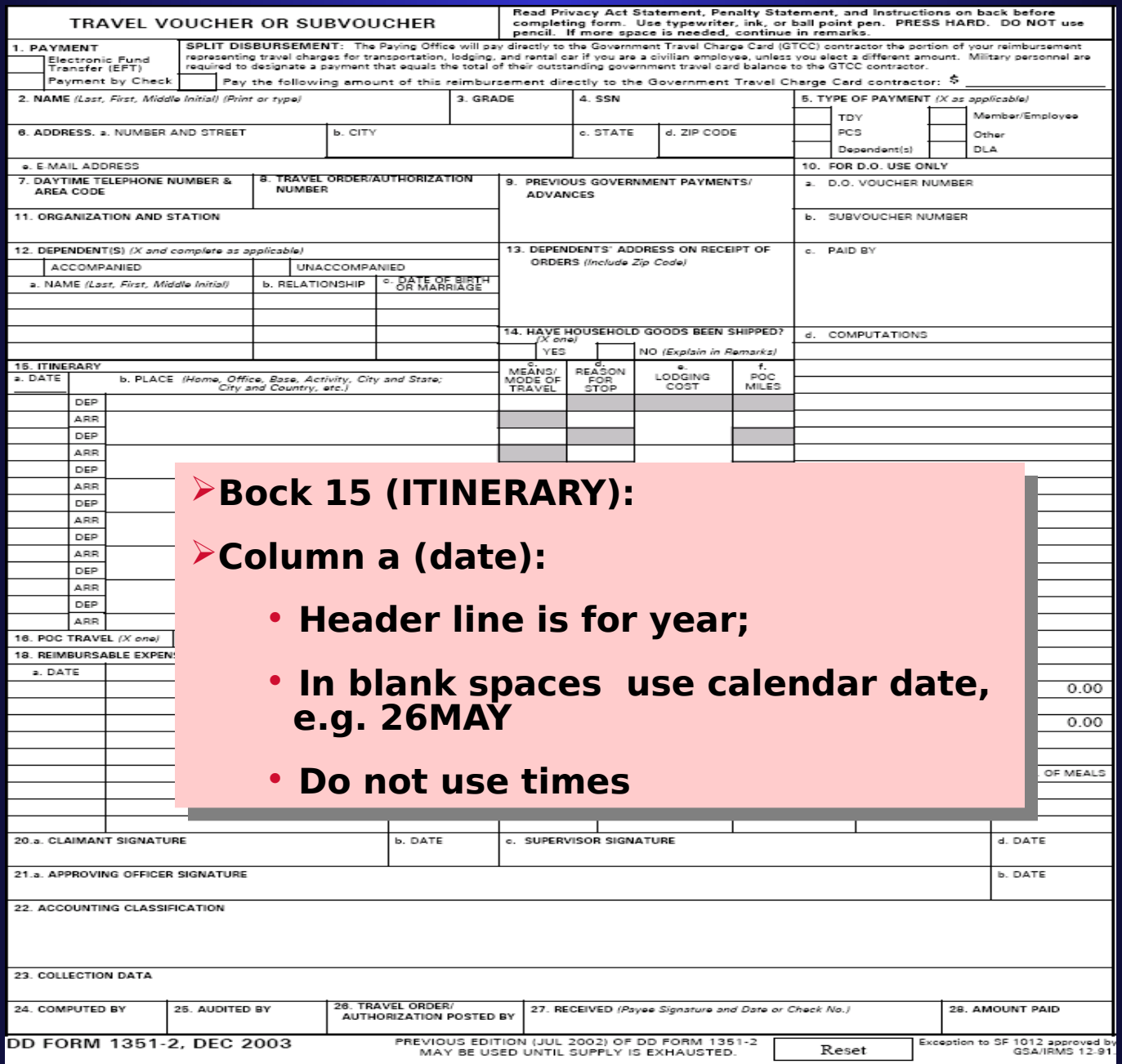

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12. DEPENDENT(S) (X and complete as applicable): ACCOMPANIED / UNACCOMPANIED

a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one): YES / NO (Explain in Remarks) | d. COMPUTATIONS

15. ITINERARY

a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
		DEP				
		ARR				
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16. POC TRAVEL (X one)

18. REIMBURSABLE EXPEN

a. DATE								
								0.00
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20.a. CLAIMANT SIGNATURE | b. DATE | c. SUPERVISOR SIGNATURE | d. DATE

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- **Bock 15 (ITINERARY):**
- **Column a (date):**
  - **Header line is for year;**
  - **In blank spaces use calendar date, e.g. 26MAY**
  - **Do not use times**

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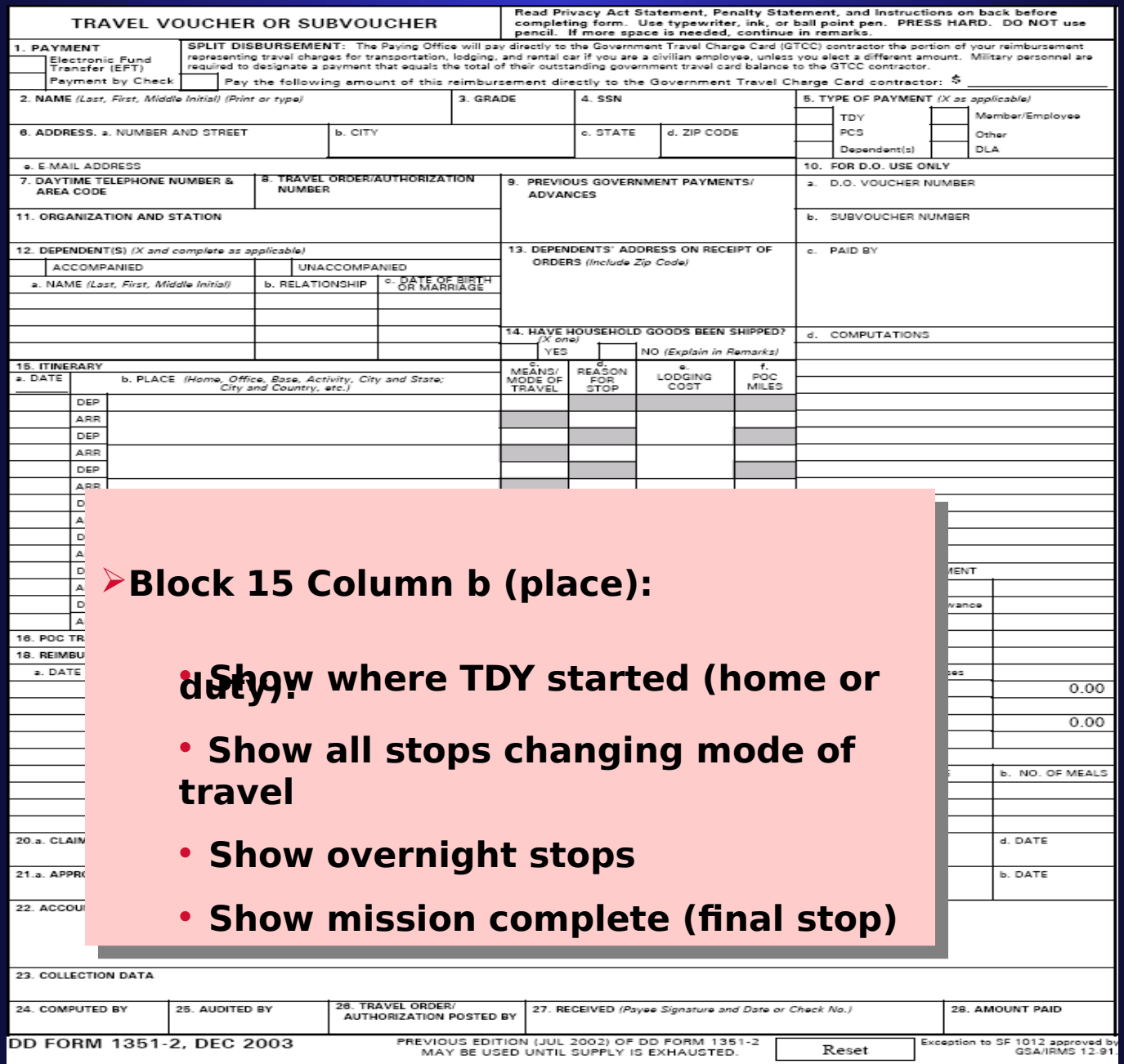

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15. ITINERARY

a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP				
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	DEP				
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16. POC TR… | 18. REIMBU… | a. DATE | …MENT | …vance | …ses | 0.00 | 0.00 | b. NO. OF MEALS | 20.a. CLAIM… | d. DATE | 21.a. APPR… | b. DATE | 22. ACCOU…

- **Block 15 Column b (place):**
  - **Show where TDY started (home or duty).**
  - **Show all stops changing mode of travel**
  - **Show overnight stops**
  - **Show mission complete (final stop)**

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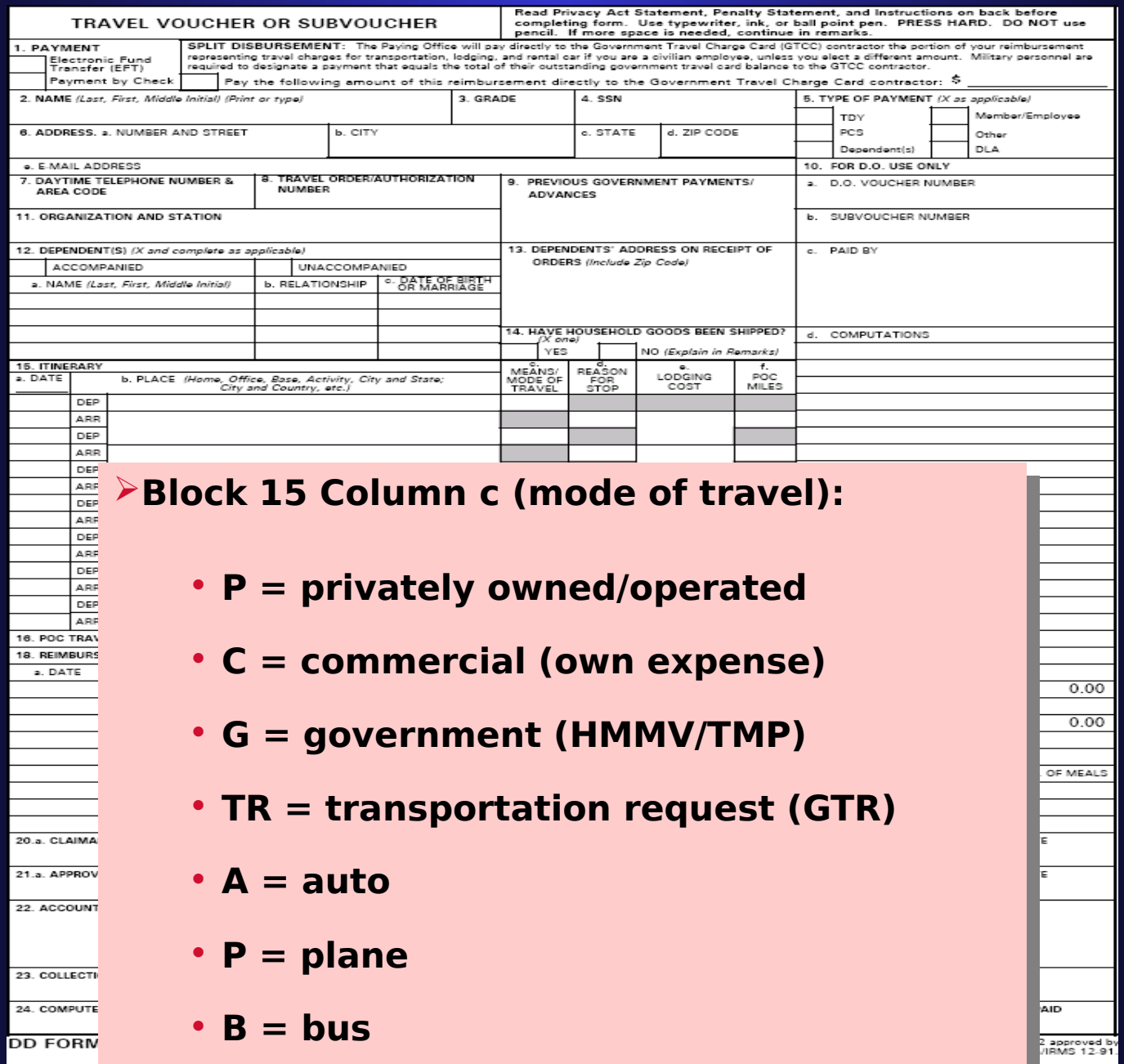

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15. ITINERARY

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16. POC TRAV

18. REIMBURS

a. DATE

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OF MEALS

20.a. CLAIMA

21.a. APPROV

22. ACCOUNT

23. COLLECTI

24. COMPUTE

AID

DD FORM

2 approved by IRMS 12.91

- **Block 15 Column c (mode of travel):**
  - **P = privately owned/operated**
  - **C = commercial (own expense)**
  - **G = government (HMMV/TMP)**
  - **TR = transportation request (GTR)**
  - **A = auto**
  - **P = plane**
  - **B = bus**

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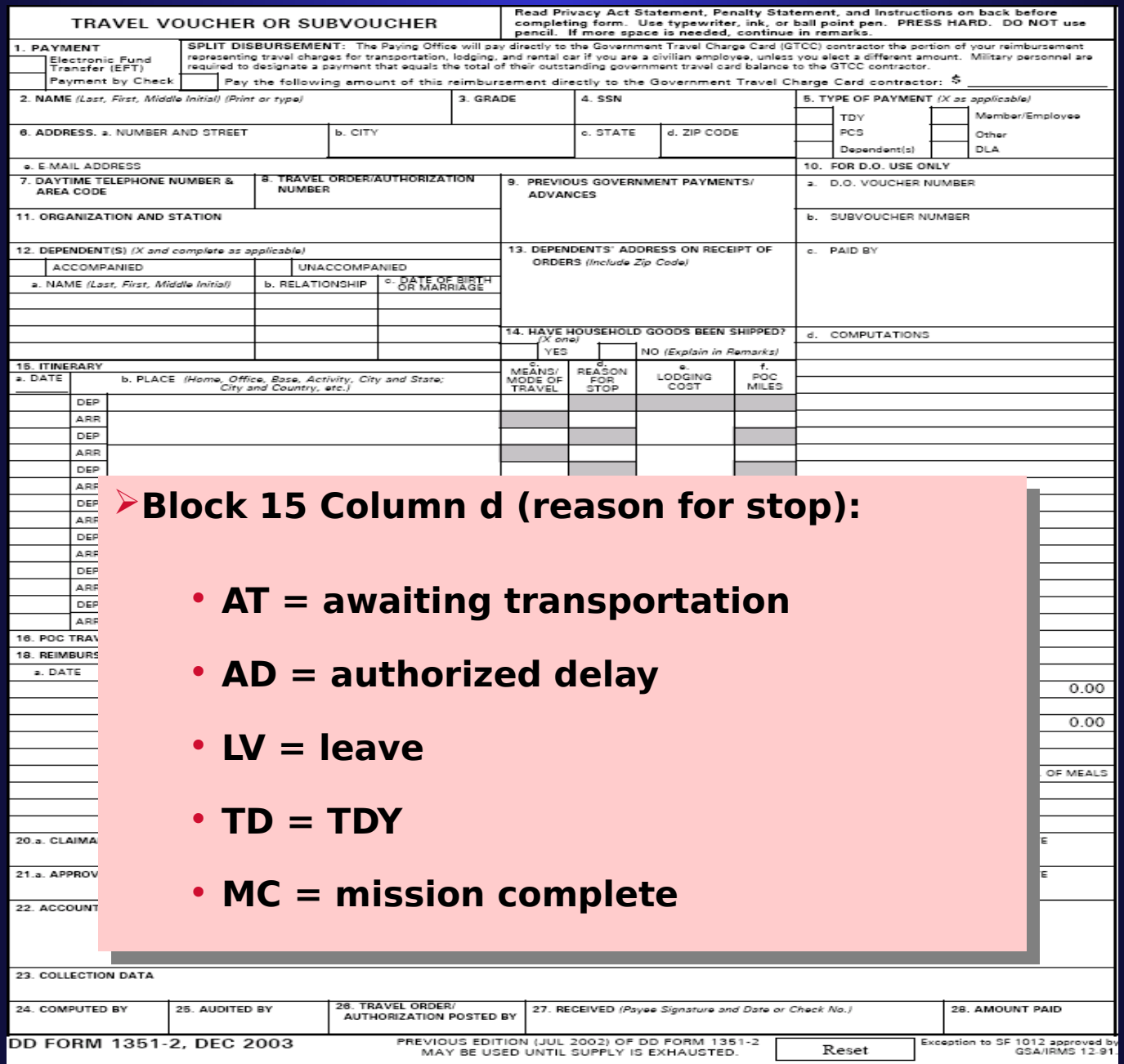

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16. POC TRAV

18. REIMBURS

a. DATE

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OF MEALS

20.a. CLAIMA

21.a. APPROV

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➢ **Block 15 Column d (reason for stop):**

- **AT = awaiting transportation**
- **AD = authorized delay**
- **LV = leave**
- **TD = TDY**
- **MC = mission complete**

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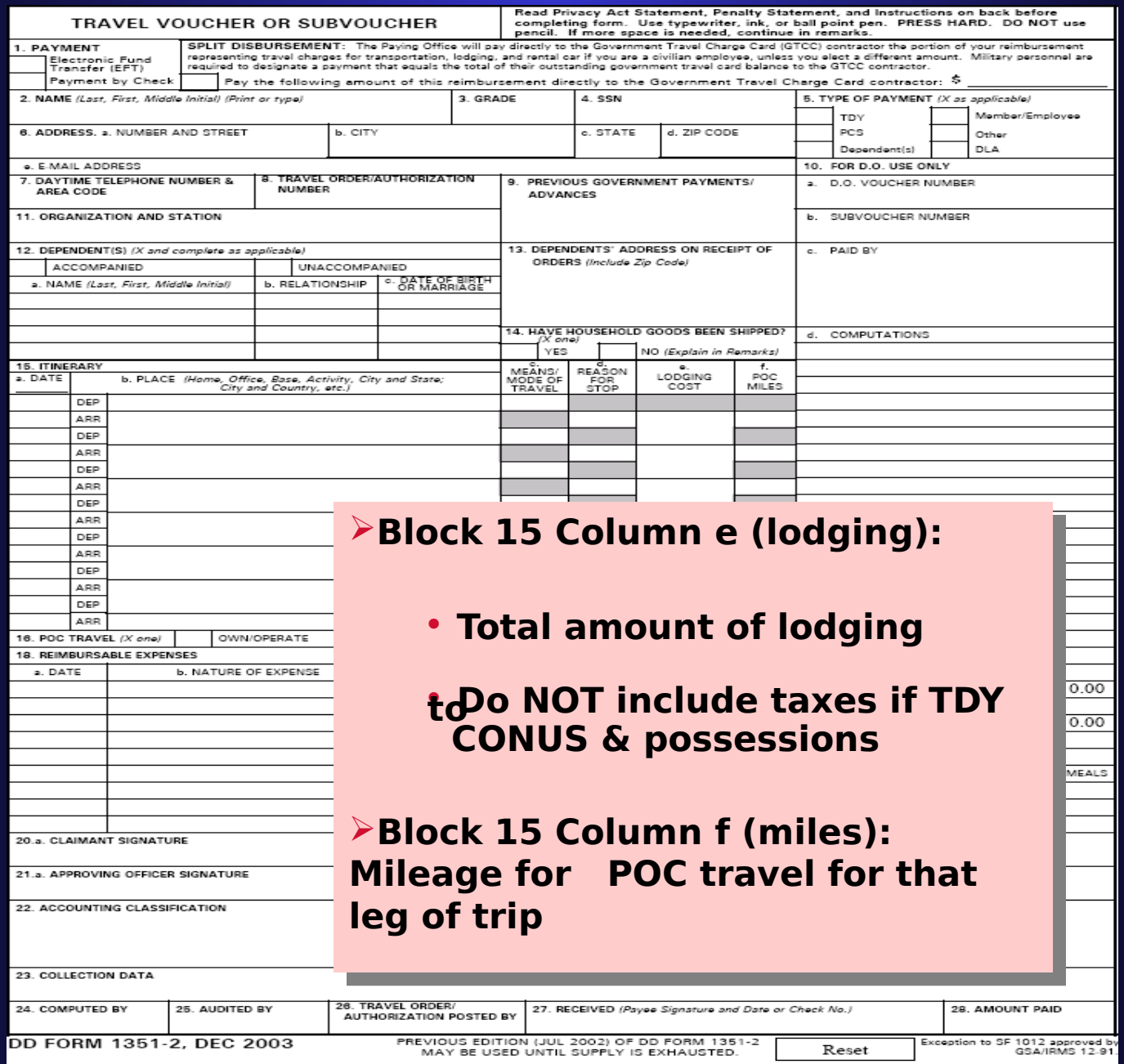

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2. NAME (Last, First, Middle Initial) (Print or type) | 3. GRADE | 4. SSN | 5. TYPE OF PAYMENT (X as applicable): TDY, PCS, Dependent(s), Member/Employee, Other, DLA

6. ADDRESS. a. NUMBER AND STREET | b. CITY | c. STATE | d. ZIP CODE

e. E-MAIL ADDRESS

7. DAYTIME TELEPHONE NUMBER & AREA CODE | 8. TRAVEL ORDER/AUTHORIZATION NUMBER | 9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES | 10. FOR D.O. USE ONLY: a. D.O. VOUCHER NUMBER; b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION | c. PAID BY

12. DEPENDENT(S) (X and complete as applicable): ACCOMPANIED / UNACCOMPANIED

a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) YES / NO (Explain in Remarks) | d. COMPUTATIONS

15. ITINERARY

a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

16. POC TRAVEL (X one) OWN/OPERATE

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	
		0.00
		0.00
		MEALS

20.a. CLAIMANT SIGNATURE

21.a. APPROVING OFFICER SIGNATURE

22. ACCOUNTING CLASSIFICATION

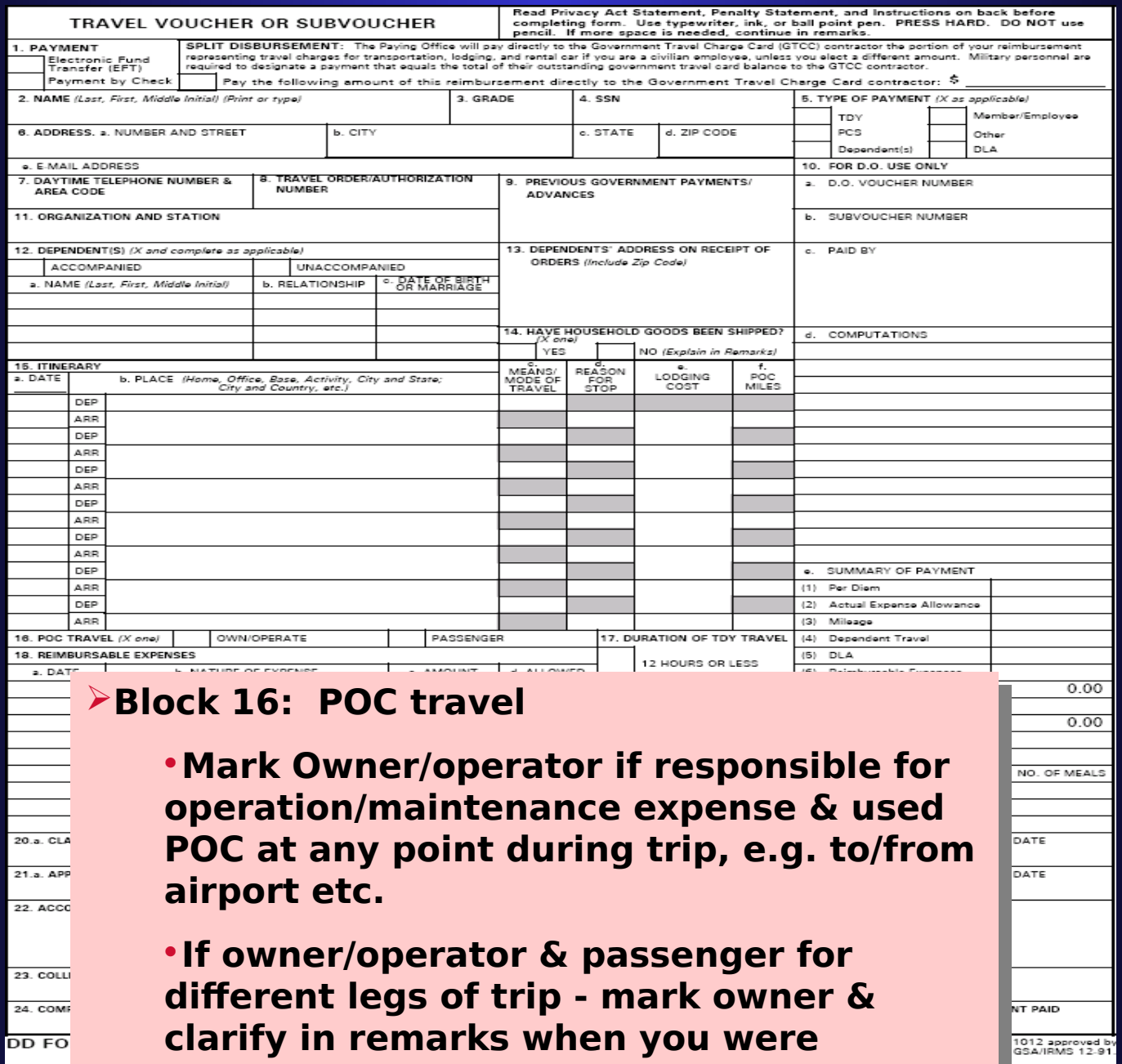
23. COLLECTION DATA

24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER/ AUTHORIZATION POSTED BY | 27. RECEIVED (Payee Signature and Date or Check No.) | 28. AMOUNT PAID

DD FORM 1351-2, DEC 2003 — PREVIOUS EDITION (JUL 2002) OF DD FORM 1351-2 MAY BE USED UNTIL SUPPLY IS EXHAUSTED. — Reset — Exception to SF 1012 approved by GSA/IRMS 12-91

- **Block 15 Column e (lodging):**
  - **Total amount of lodging**
  - **to Do NOT include taxes if TDY CONUS & possessions**
- **Block 15 Column f (miles): Mileage for POC travel for that leg of trip**

TRAVEL VOUCHER
DD1351-2



TRAVEL VOUCHER OR SUBVOUCHER

Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.

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a. NAME (Last, First, Middle Initial) | b. RELATIONSHIP | c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code) | c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one): YES / NO (Explain in Remarks) | d. COMPUTATIONS

15. ITINERARY

a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)		c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
		DEP				
		ARR				
		DEP				
		ARR				
		DEP				
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		DEP				
		ARR				
		DEP				
		ARR				
		DEP				
		ARR				
		DEP				
		ARR				

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	

16. POC TRAVEL (X one): OWN/OPERATE / PASSENGER

17. DURATION OF TDY TRAVEL: 12 HOURS OR LESS

18. REIMBURSABLE EXPENSES: a. DATE | b. NATURE OF EXPENSE | c. AMOUNT | d. ALLOWED

0.00

0.00

NO. OF MEALS

20.a. CLA... DATE

21.a. APP... DATE

22. ACCO...

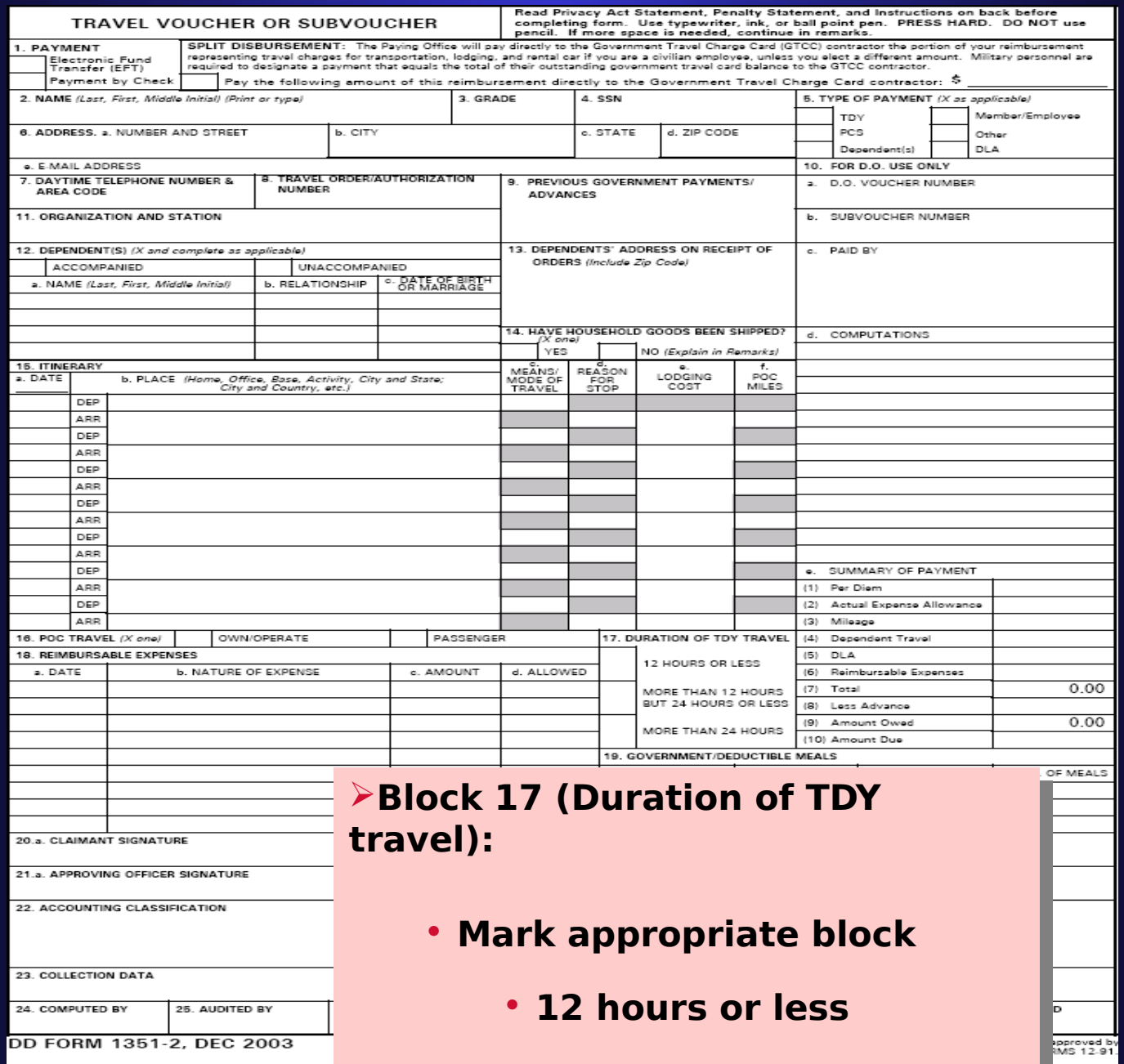
23. COLLI...

24. COMP... NT PAID

DD FO... 1012 approved by GSA/IRMS 12.91

- **Block 16: POC travel**
  - **Mark Owner/operator if responsible for operation/maintenance expense & used POC at any point during trip, e.g. to/from airport etc.**
  - **If owner/operator & passenger for different legs of trip - mark owner & clarify in remarks when you were**

TRAVEL VOUCHER
DD1351-2



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2. NAME (Last, First, Middle Initial) (Print or type)
3. GRADE
4. SSN
5. TYPE OF PAYMENT (X as applicable)
TDY
PCS
Dependent(s)
Member/Employee
Other
DLA

6. ADDRESS. a. NUMBER AND STREET
b. CITY
c. STATE
d. ZIP CODE

e. E-MAIL ADDRESS

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7. DAYTIME TELEPHONE NUMBER & AREA CODE
8. TRAVEL ORDER/AUTHORIZATION NUMBER
9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES
a. D.O. VOUCHER NUMBER
b. SUBVOUCHER NUMBER

11. ORGANIZATION AND STATION

12. DEPENDENT(S) (X and complete as applicable)
ACCOMPANIED
UNACCOMPANIED
a. NAME (Last, First, Middle Initial)
b. RELATIONSHIP
c. DATE OF BIRTH OR MARRIAGE

13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
YES
NO (Explain in Remarks)
d. COMPUTATIONS

15. ITINERARY

a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	0.00
(8) Less Advance	
(9) Amount Owed	0.00
(10) Amount Due	

16. POC TRAVEL (X one)
OWN/OPERATE
PASSENGER

17. DURATION OF TDY TRAVEL
12 HOURS OR LESS
MORE THAN 12 HOURS BUT 24 HOURS OR LESS
MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

19. GOVERNMENT/DEDUCTIBLE MEALS

. OF MEALS

20.a. CLAIMANT SIGNATURE

21.a. APPROVING OFFICER SIGNATURE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY
25. AUDITED BY

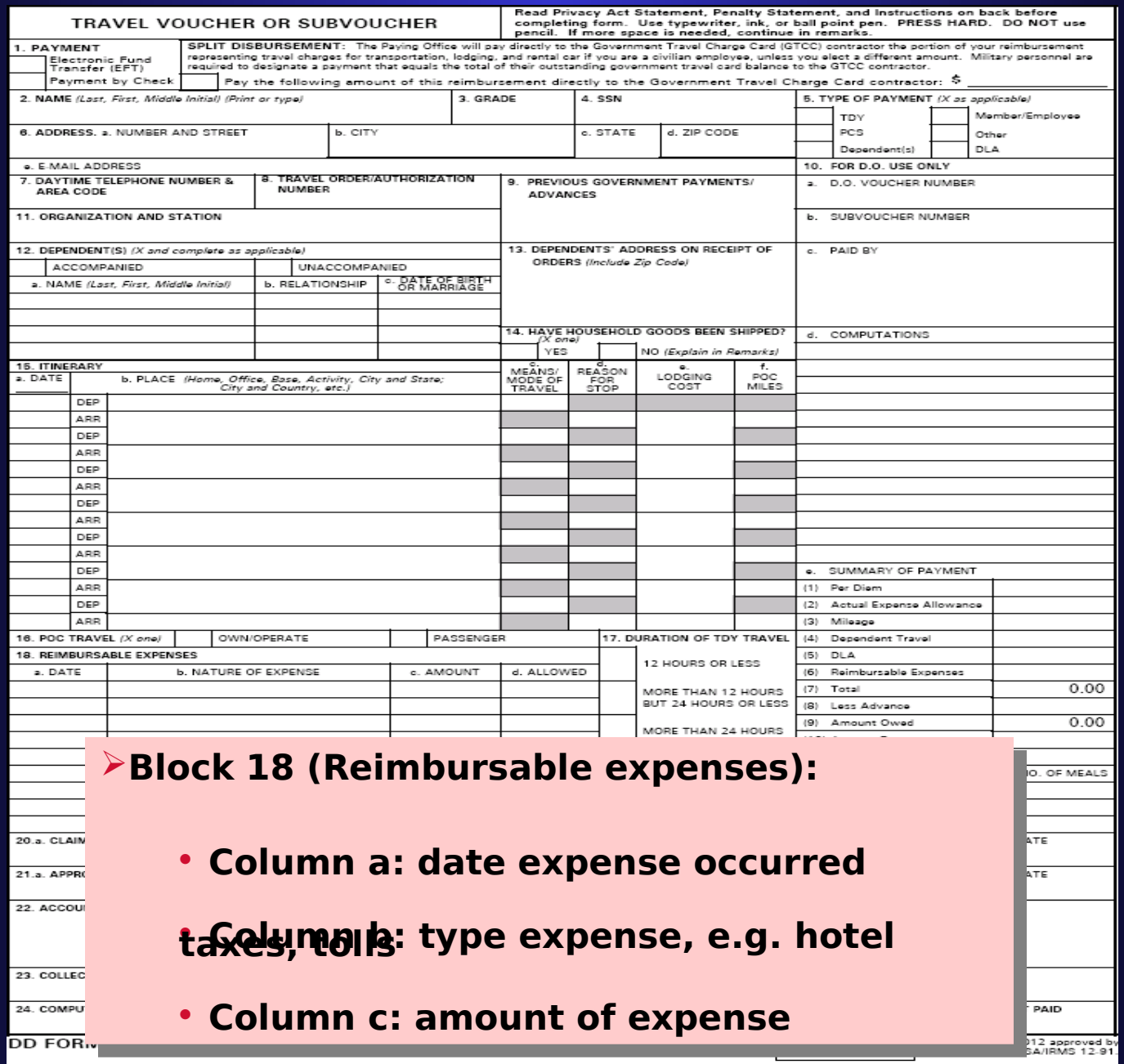
D

DD FORM 1351-2, DEC 2003

pproved by
RMS 12.91

- **Block 17 (Duration of TDY travel):**
  - **Mark appropriate block**
  - **12 hours or less**

TRAVEL VOUCHER
DD1351-2



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c. PAID BY

14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one): YES; NO (Explain in Remarks)

d. COMPUTATIONS

15. ITINERARY

a. DATE		b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)	c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					
	DEP					
	ARR					

e. SUMMARY OF PAYMENT

(1) Per Diem	
(2) Actual Expense Allowance	
(3) Mileage	
(4) Dependent Travel	
(5) DLA	
(6) Reimbursable Expenses	
(7) Total	0.00
(8) Less Advance	
(9) Amount Owed	0.00

16. POC TRAVEL (X one): OWN/OPERATE; PASSENGER

17. DURATION OF TDY TRAVEL: 12 HOURS OR LESS; MORE THAN 12 HOURS BUT 24 HOURS OR LESS; MORE THAN 24 HOURS

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED

NO. OF MEALS

20.a. CLAIM ... ATE

21.a. APPR... ATE

22. ACCOU...

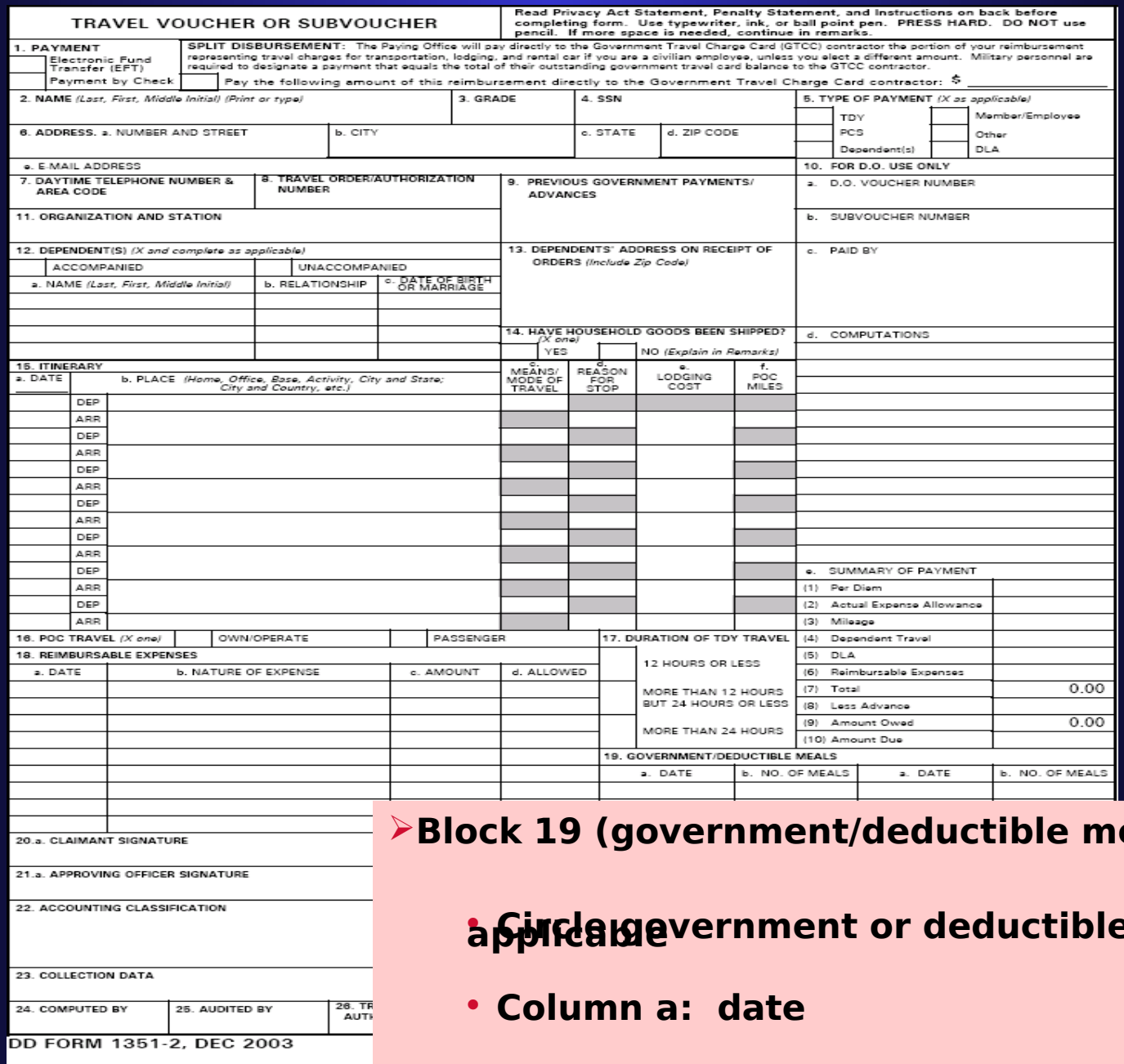
23. COLLEC...

24. COMPU... PAID

DD FOR... 012 approved by GA/IRMS 12.91

- **Block 18 (Reimbursable expenses):**
  - **Column a: date expense occurred**
  - **Column b: type expense, e.g. hotel taxes, tolls**
  - **Column c: amount of expense**

TRAVEL VOUCHER
DD1351-2



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PCS
Dependent(s)
Member/Employee
Other
DLA
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11. ORGANIZATION AND STATION
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ACCOMPANIED
UNACCOMPANIED
a. NAME (Last, First, Middle Initial)
b. RELATIONSHIP
c. DATE OF BIRTH OR MARRIAGE
13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)
c. PAID BY
14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)
YES
NO (Explain in Remarks)
d. COMPUTATIONS
15. ITINERARY
a. DATE
b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)
DEP
ARR
c. MEANS/ MODE OF TRAVEL
d. REASON FOR STOP
e. LODGING COST
f. POC MILES
e. SUMMARY OF PAYMENT
(1) Per Diem
(2) Actual Expense Allowance
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(4) Dependent Travel
(5) DLA
(6) Reimbursable Expenses
(7) Total 0.00
(8) Less Advance
(9) Amount Owed 0.00
(10) Amount Due
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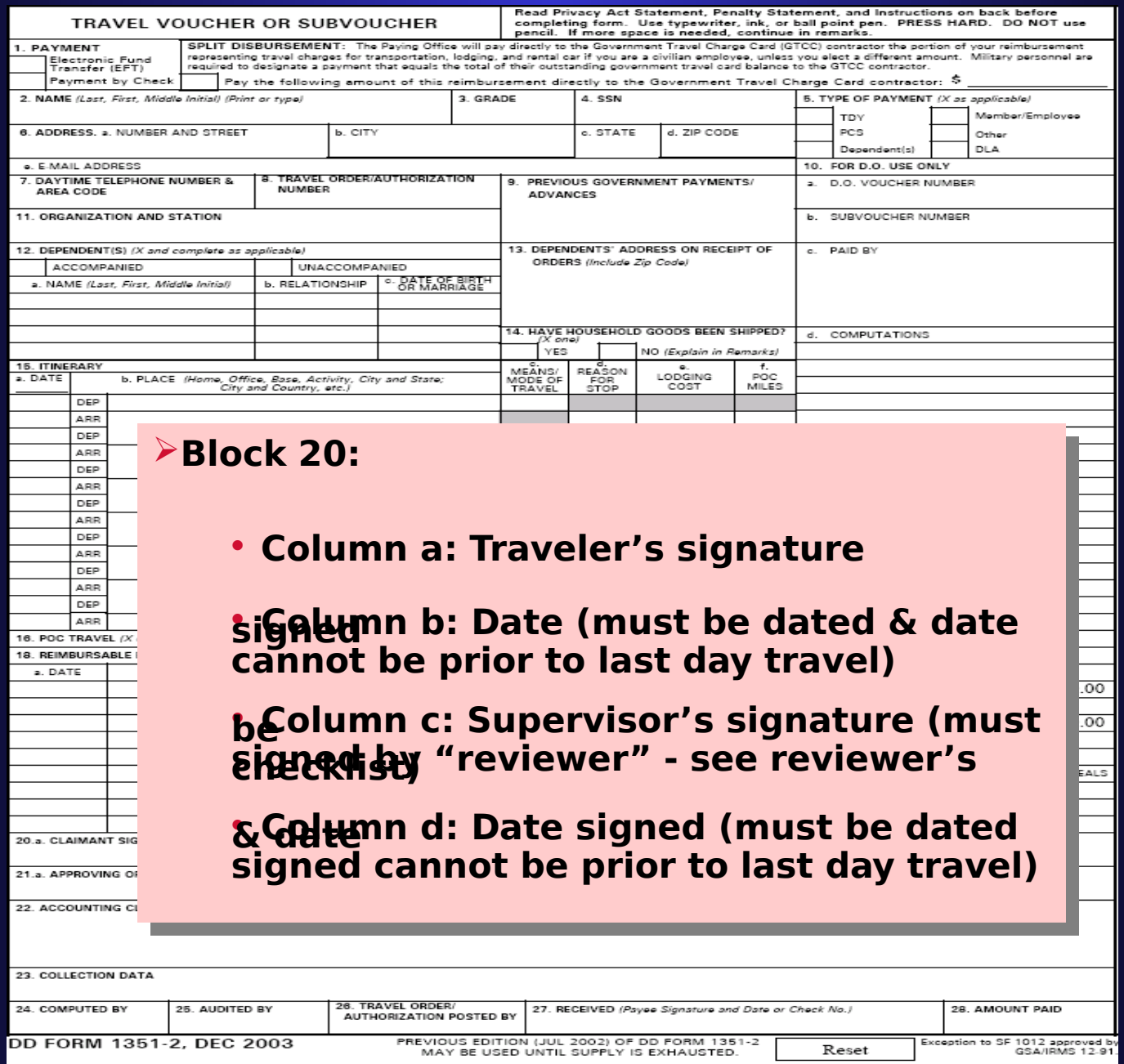
OWN/OPERATE
PASSENGER
17. DURATION OF TDY TRAVEL
12 HOURS OR LESS
MORE THAN 12 HOURS BUT 24 HOURS OR LESS
MORE THAN 24 HOURS
18. REIMBURSABLE EXPENSES
a. DATE
b. NATURE OF EXPENSE
c. AMOUNT
d. ALLOWED
19. GOVERNMENT/DEDUCTIBLE MEALS
a. DATE
b. NO. OF MEALS
a. DATE
b. NO. OF MEALS
20.a. CLAIMANT SIGNATURE
21.a. APPROVING OFFICER SIGNATURE
22. ACCOUNTING CLASSIFICATION
23. COLLECTION DATA
24. COMPUTED BY
25. AUDITED BY
26. TR AUT
DD FORM 1351-2, DEC 2003

- **Block 19 (government/deductible meals):**
  - **Circle government or deductible as applicable**
  - **Column a: date**

TRAVEL VOUCHER
DD1351-2



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16. POC TRAVEL (X

18. REIMBURSABLE

a. DATE	
	.00
	.00
	EALS

20.a. CLAIMANT SIG

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22. ACCOUNTING C

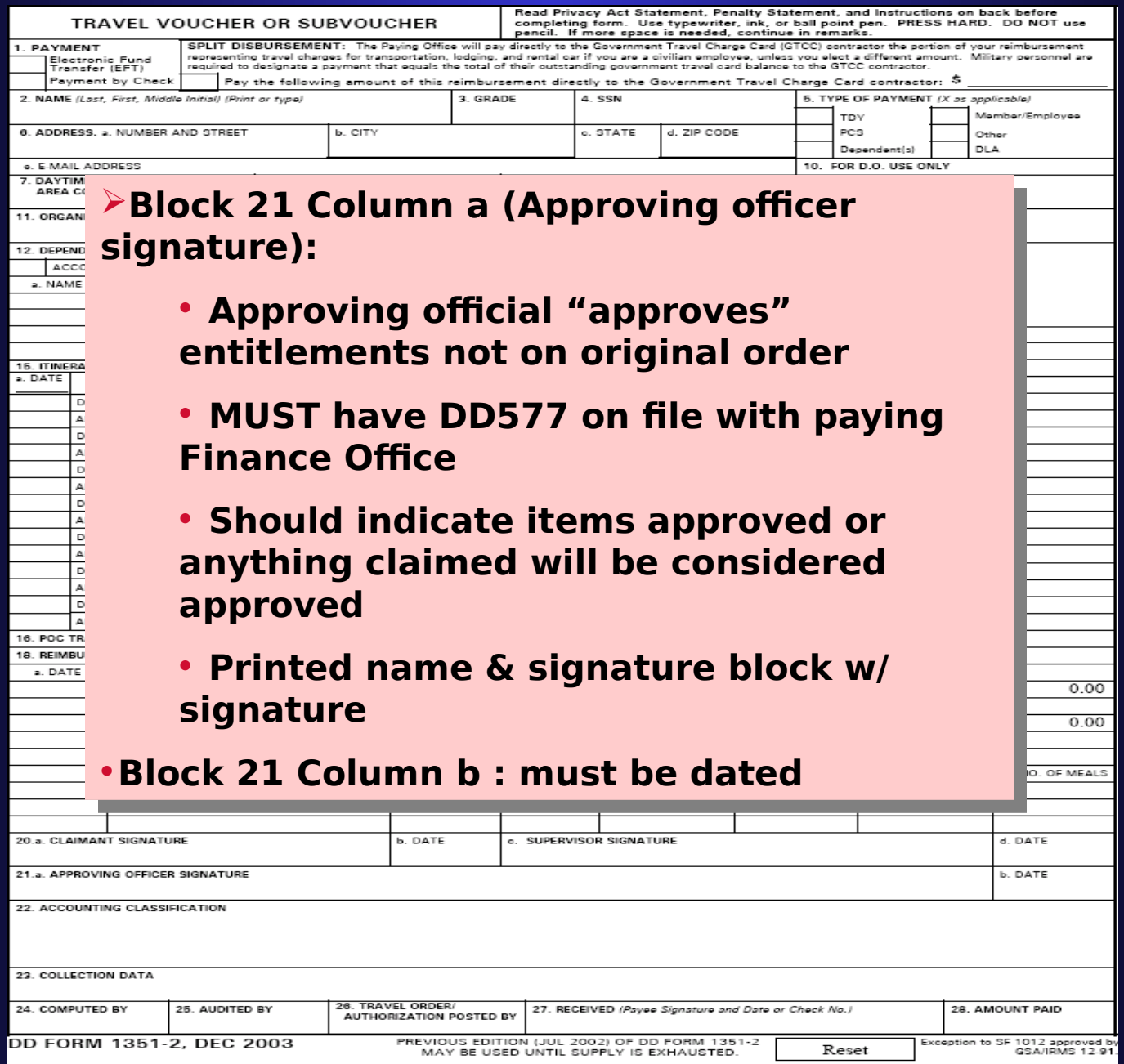
23. COLLECTION DATA

24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER/ AUTHORIZATION POSTED BY | 27. RECEIVED (Payee Signature and Date or Check No.) | 28. AMOUNT PAID

DD FORM 1351-2, DEC 2003 | PREVIOUS EDITION (JUL 2002) OF DD FORM 1351-2 MAY BE USED UNTIL SUPPLY IS EXHAUSTED. | Reset | Exception to SF 1012 approved by GSA/IRMS 12-91

- **Block 20:**
  - **Column a: Traveler's signature**
  - **Column b: Date (must be dated & date signed cannot be prior to last day travel)**
  - **Column c: Supervisor's signature (must be signed by "reviewer" - see reviewer's checklist)**
  - **Column d: Date signed (must be dated & date signed cannot be prior to last day travel)**

TRAVEL VOUCHER
DD1351-2



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6. ADDRESS. a. NUMBER AND STREET | b. CITY | c. STATE | d. ZIP CODE

e. E-MAIL ADDRESS | 10. FOR D.O. USE ONLY

7. DAYTIM… AREA C…

11. ORGANI…

12. DEPEND…
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20.a. CLAIMANT SIGNATURE | b. DATE | c. SUPERVISOR SIGNATURE | d. DATE

21.a. APPROVING OFFICER SIGNATURE | b. DATE

22. ACCOUNTING CLASSIFICATION

23. COLLECTION DATA

24. COMPUTED BY | 25. AUDITED BY | 26. TRAVEL ORDER/ AUTHORIZATION POSTED BY | 27. RECEIVED (Payee Signature and Date or Check No.) | 28. AMOUNT PAID

DD FORM 1351-2, DEC 2003 | PREVIOUS EDITION (JUL 2002) OF DD FORM 1351-2 MAY BE USED UNTIL SUPPLY IS EXHAUSTED. | Reset | Exception to SF 1012 approved by GSA/IRMS 12.91

- **Block 21 Column a (Approving officer signature):**
  - **Approving official "approves" entitlements not on original order**
  - **MUST have DD577 on file with paying Finance Office**
  - **Should indicate items approved or anything claimed will be considered approved**
  - **Printed name & signature block w/ signature**
- **Block 21 Column b : must be dated**

TRAVEL VOUCHER
DD1351-2

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

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29. REI

INDICATE DATES ON WHICH LEAVE WAS TAKEN:

DD FORM 1351-2 (BACK), JUL 2002

Remarks:

- **Use to clarify anything out of the ordinary**
  - **Travel related issues not straightforward on form**
  - **Exchange rates for foreign currency**
  - **Indicate leave**

Did You Know??

- Requirement for all soldiers; sign-up at *http://www.Us.Army.Mil*
- Automatically Sends Email to:
  - Notify Traveler When Voucher is Received by Servicing DFAS
  - Notify Traveler When Payment is Disbursed and the Amount
  - Provide Contact Information to Traveler for Servicing DFAS

Did You Know??

myPay

- Allows customer electronic access to:
  - **LES View/Print**
  - **Travel Voucher View**
  - **DFAS Vouchers Paid Within Last 6 Months**

http://mypay.dfas.mil/

TRAVEL PAY SERVICES
IVRS

1-800-332-7366 or DSN: 699

- Allows traveler to check (for past 90 days):
  - **Receipt of voucher**
  - **Payment of voucher**

SPLIT DISBURSEMENT

Avoid Late Payments!

Fast and Reliable!

- ✓ **Department of Army has directed *mandatory split payments* for all military**
- ✓ **(EFT) payments only--not check payments**
- ✓ **Any portion or all of the travel payment can be sent to Bank of America charge card account**
- ✓ **Reviewing Official and Traveler determine Amount to be sent to BOA**
- ✓ **Any Voucher not having a check in Block 1 will not be processed. DFAS will attempt to call and resolve within 48 hours.**

REIMBURSABLE EXPENSES

Must Be Authorized!

ATM Fees: Service members that
1) do not have a government charge card
and
2) use their personal card
can be reimbursed any fees for making a withdrawal for travel.

Room Taxes: If travel occurred CONUS, room taxes should be claimed in Block 18 (separately from lodging expense). If OCONUS, do not separate expense.

PA miles: The rate for POC mileage has been changed to $.375 cents per mile.

(effective 1 Jan 04)

Top 10 Reasons For Problem Vouchers

- ✓ Missing Traveler/Reviewer/Approving Official Signatures/Dates
- ✓ Missing Orders
- ✓ Missing Receipts/ Invalid Receipts
- ✓ Meals not Identified When Claiming Registration Fees
- ✓ Expenses Claimed but not Authorized in Orders
- ✓ Block for Mileage not checked/ Owner Operator not Claimed
- ✓ Incomplete Itinerary
- ✓ Traveler does not submit/Reviewer does not forward voucher within 5 business days of completion of travel
- ✓ ATM Expenses not Separated

HOW TO REACH US…

ADDRESS

TOLL FREE:
DSN:
COMMERCIAL:
INTERACTIVE VOICE RESPONSE SYSTEM (IVRS): 1-888-332-7366

COMMERCIAL:
DSN:

E-mail:

Hours of Operation: